

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000064781

1. Entity Name

DIGICOM ENTERPRISES, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90055 022 ***150.00

Principal Place of Business

304 S. BUMBY AVE.
ORLANDO FL 32803

Mailing Address

P.O. BOX 780774
ORLANDO FL 32878-0774

2. Principal Place of Business

625 Herndon Ave.

Suite, Apt. #, etc.

Suite B

City & State

Orlando FL

Zip

32803

Country

U.S.A

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3393917

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KARIMZADEH, MASON
304 S. BUMBY AVE.
ORLANDO FL 32803

Name

Mason Karimzadeh

Street Address (P.O. Box Number is Not Acceptable)

625 Herndon Ave. Suite B

City

Orlando

FL

Zip Code

32803

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution.

☐

\$5.00 May Be

Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	KARIMZADEH, MARY	
STREET ADDRESS	304 S. BUMBY AVE.	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary Karimzadeh	
STREET ADDRESS	625 Herndon Ave Ste B	
CITY-ST-ZIP	Orlando FL 32803	
TITLE	P/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mason Karimzadeh	
STREET ADDRESS	625 Herndon Ave Ste B	
CITY-ST-ZIP	Orlando FL 32803	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mason Karimzadeh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-897-7452

CR2E034 (9/99)